Please print or type		Form Approved OMB No. 158-S79016 GSA No. 0246-EPA-OT
<b>SEPA</b>		FRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA I.D. NO.	inform through the control of the co	, affix it in the space at left. If any of the mation on the label is incorrect, draw a line ugh it and supply the correct information
I STALLATION	Comp	ne appropriate section below. If the label is plete and correct, leave Items I, II, and III w blank. If you did not receive a preprinted
INSTALLA- TION II. MAILING ADDRESS	PLEASE PLACE LABEL IN THIS SPACE treate	, complete all items. "Installation" means a e site where hazardous waste is generated, ed, stored and/or disposed of, or a trans-
1	to th	er's principal place of business, Please refer he INSTRUCTIONS FOR FILING NOTIFI- ION before completing this form, The
LOCATION III OF INSTAL- LATION	inform (Sect	rmation requested herein is required by law tion 3010 of the Resource Conservation and overy Act).
FOR OFFICIAL	HEE ONLY	
TUR UTTICIAL	COMMENTS	
Ċ		
15 16	ON'S EPA I.D. NUMBER APPROVED DATE RECEIVED	53
FRIDOO	2042216 TI	,
I. NAME OF INS	TALLATION 16 17 28	
CARROL	L PRODUCTS IMC	
II. INSTALLATI	ON MAILING ADDRESS	67
	STREET OR P.O. BOX	
$\frac{c}{3}POBO$	X 66	
	CITY OR TOWN ST. ZIP CODE	E
4 WOOD	RIVER JCT RIO289	<u>4</u>
III. LOCATION (	OF INSTALLATION	
	STREET OR ROUTE NUMBER	· ·
5 S HME	45	
6	CITY OR TOWN ST. ZIP CODE	
IV. INSTALLATI	ION CONTACT	51
5 Criuna	RTZ ARTHUR DIR CHEU DER U	PHONE NO. (area code & no.)
V. OWNERSHIP		- 48 49 - 51 52 - 55
	A. NAME OF INSTALLATION'S LEGAL OWNER	
BCARRO	LE PRODUCTS INC.	55
B. TYPE OF C (enter the approprie		
F = FEDERAL M = NON-FE	L 57 57 58 58	SPORTATION (complete item VII)
VII. MODE OF T	RANSPORTATION (transporters only – enter "X" in the appropriate box(es	s))
	B. RAIL GS C. HIGHWAY D. WATER SE COTHER (spec	
	SUBSEQUENT NOTIFICATION	
Mark "X" in the app If this is not your fir	propriate box to indicate whether this is your installation's first notification of hazardous rst notification, enter your Installation's EPA I.D. Number in the space provided below.	s waste activity or a subsequent notification.
A. FIRST	NOTIFICATION B. SUBSEQUENT NOTIFICATION (complete item C)	C. INSTALLATION'S EPA I.D. NO.
IX. DESCRIPTIO	N OF HAZARDOUS WASTES	
	erse of this form and provide the requested information	2000年100年100日

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38 (3)	
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				I.D FOR OFFI	CIAL USE ONLY			
	_		W S		12 14 15			
IX. DESCRIPTION OF HAZA	RDOUS WASTES (co	ntinued from front						
A. HAZARDOUS WASTES FROM waste from non-specific sources	NON-SPECIFIC SOURGE your installation handle	CES. Enter the four— s. Use additional shee	digit number from 40 ets if necessary.	CFR Part 261.31 for ea	ach listed hazardous			
1	2	3	4	5	6			
23 - 26	8 23	- 26	23 - 26 10	23 - 26	12			
<del>                                      </del>	┰╬┰┤╴┝	riil d						
23 - 26	- 26 23	26	23 - 26	23 - 26	23 - 26			
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.								
13	14	15	16	17	18			
23 - 26 23			23 - 26	23 - 26	23 - 26			
19	20	<del>21</del>	22	1 1 1				
23 26 27	26 23	26	23 R6	23 - 26	23 - 26			
25	26	27	28	29	30			
				1 1 1 1 1				
C. COMMERCIAL CHEMICAL PR	26 23	- 26	23 26	23 26 26 261 22 6	ior each chemical sub-			
stance your installation handles	which may be a hazardou	s waste. Use addition	our—aight number from hal sheets if necessary.	1 40 CFN Part 201.33 1	or each chemical sub-			
31	32	33	34	35	36			
23 - 26 23	3 - 26 23	- 26	23 - 26	23 - 26	23 - 26			
37	38	39	1 1 1	41	42			
					23 - 26			
23 - 26	44	45	46	47	48			
23 - 26 23	3 - 26 23		23 - 26	23 - 26	23 - 26			
D. LISTED INFECTIOUS WASTES hospitals, medical and research leaders.	3. Enter the four—digit n aboratories your installat	umber from 40 CFR ion handles. Use addi	Part 261.34 for each li itional sheets if necessa	sted hazardous waste fr	om hospitals, veterinary			
49	50	51	52	53	54			
E. CHARACTERISTICS OF NON- hazardous wastes your installation	LISTED HAZARDOUS on handles. (See 40 CFR	WASTES. Mark "X"	in the boxes correspond	nding to the characteris	tics of non—listed			
`\	<b>W</b>	RROSIVE	M3. REACTIV	·= [	14. TOXIC			
XI1. IGNITABLE (DO01)	(±002)	RROSIVE	(D003)	<u>آه</u> ره	600)			
X. CERTIFICATION			and the second s		n militaria de la compansión de la compa			
I certify under penalty of la attached documents, and tha I believe that the submitted in mitting false information, incl.	t based on my inquir information is true, ac	y of those individu ccurate, and comp	ials immediately res lete. I am aware tho	sponsible for obtaini	ing the information,			
SIGNATURE		NAME & OFFICIA	SCHWAR T	<u> </u>	DATE SIGNED			
With Oth		TRANCE -	CONTRACTOR	OPERATIONS	7-13-81			
IN MELLY (TIPE	voner	WIRECTOR O	T CHEMICHE	OFERFITOIS				
EPA Form 8700-12 (6-80) REVE	ASE							